

Victorian Weekly Influenza Report

Health Protection Branch

Report: 23/2018 Issue date: 30 October 2018 (Week 44)

This report comprises data as at: Week 43 (week ending Sat 27 October)

Summary

- **Notified cases:**

- Cases in **Week 43** are **LOWER** when compared with cases for the week prior
- Cases (since 1 January 2018) are tracking **LOWER THAN** cases for the same time in 2017, and are **at EXPECTED LEVELS** for this time of the season
- The influenza season (since 1 April 2018) is currently: **around baseline levels, with a late peak**
- The predominant influenza type (and subtype) across the state is currently: **Type A/H1N1**
- Geographical spread¹ is currently: **LOCALISED**
- There was 1 new respiratory outbreak due to laboratory-confirmed influenza in Residential Aged Care Facilities identified this week
- Rate of hospital admissions with confirmed influenza at the four sentinel sites in Victoria is **LOWER** when compared with the previous week

- **Vaccine distribution figures*:**

Influenza vaccines distributed state-wide: **1,789,168** doses (as at **26 October 2018**)

**excludes vaccines purchased from the private market, workplace programs, etc.*

Distribution figures are reported from commencement of the 2018 Program (16 April 2018)

1. Definitions of geographic spread:

Sporadic – small numbers of laboratory-confirmed influenza cases reported, not above expected background level;

Localised – laboratory-confirmed influenza detections above background level in less than 50% of the state;

Regional – significant numbers of laboratory-confirmed influenza cases reported above background level in less than 50% of the state;

Widespread – significant numbers of laboratory confirmed influenza cases reported above background level in equal to or greater than 50% of the state.

Victorian Influenza Snapshot

Report issued: 30/10/2018

Notified cases at week ending: 27/10/18

Influenza Type	Week -1 WE 27/10/18	Week -2 WE 20/10/18	Trend week-2 to week-1	% change (week-2 to week-1)	2018 YTD	2017 YTD	5 yr avg YTD (2013-17)	Trend 5 yr avg to 2018 YTD	% change (5 yr avg to 2018 YTD)
Influenza A	342	442	▽	-23%	6063	28207	11465.8	▽	-47 %
Influenza B	68	89	▽	-24%	2107	18866	6506.8	▽	-68 %
Other/not typed	7	3	▲	133%	158	204	81.8	▲	93 %

Age group (years)	Week -1 WE 27/10/18	Week -2 WE 20/10/18	Trend week-2 to week-1	% change (week-2 to week-1)	2018 YTD	2017 YTD	5 yr avg YTD (2013-17)	Trend 5 yr avg to 2018 YTD	% change (5 yr avg to 2018 YTD)
00 to 04	37	41	▽	-10%	803	3880	1502.6	▽	-47 %
05 to 14	68	60	▲	13%	1166	7295	2628.8	▽	-56 %
15 to 64	247	343	▽	-28%	5017	25520	10083.2	▽	-50 %
65+	65	89	▽	-27%	1338	10569	3827	▽	-65 %
Unknown	0	0	--	--		2	3.4		--
Total	417	533	▽	-22%	8324	47266	18045	▽	-54 %

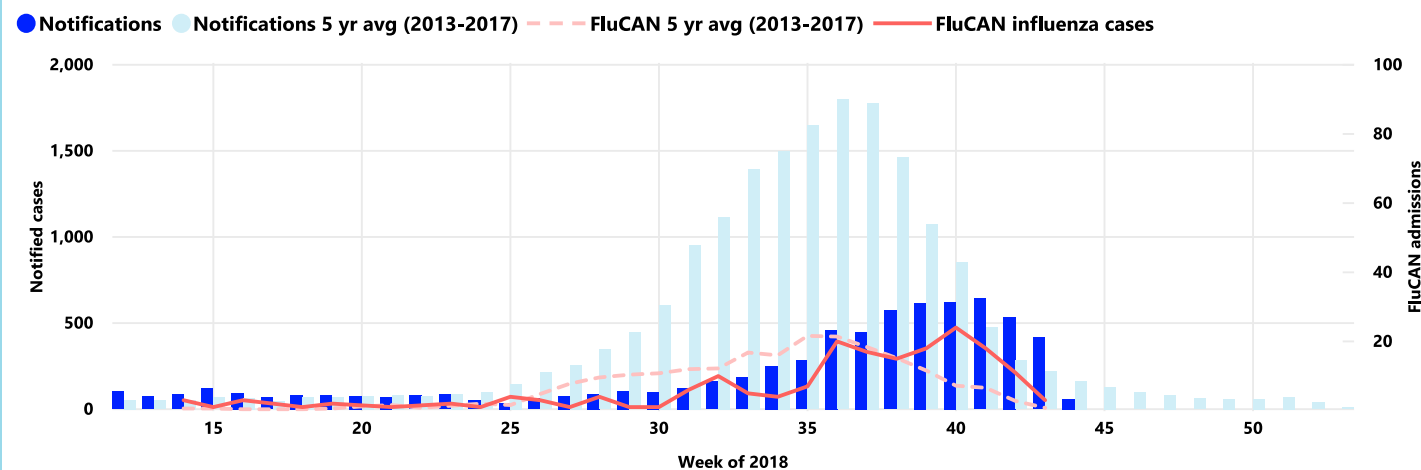
SIZE

FluCAN sentinel hospital admissions (at 4 sites) for laboratory-confirmed influenza as at: 29/10/18

	Admissions per 100 beds WE 27/10/18	Admissions per 100 beds WE 20/10/18	ICU proportion WE 27/10/18	ICU proportion WE 20/10/18	2018 admissions (YTD)	2017 admissions (YTD)	Admissions YTD 5 yr avg (2013- 2017)	% change (YTD 5 yr avg - 2018 YTD)
Victoria	0.16	0.59	0	9.1	188	1088	217.6	-14%

SEVERITY

Epidemiological curves for influenza surveillance sources YTD 2018



SIZE / SEVERITY / SPREAD

Respiratory outbreaks due to influenza in Residential Aged Care Facilities YTD as at: 27/10/18

Year	Outbreaks influenza	Resident cases	Hospitalisations
2018	21	300	36
2017	273	3858	458



Data are subject to revision. Release dates vary by dataset.

Data are year to date

SPREAD/ SEVERITY

Victorian Influenza Snapshot

Report issued: 30/10/2018

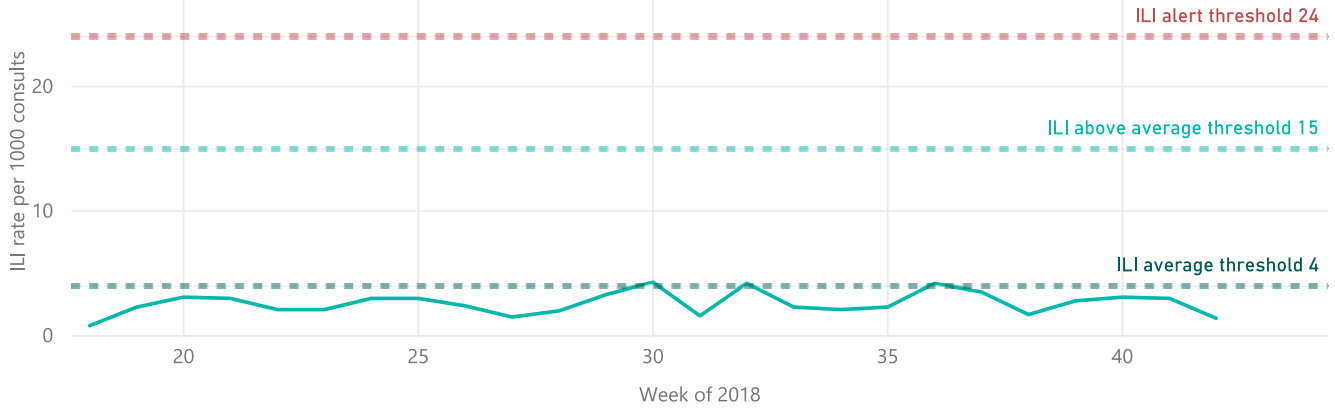
SPREAD/ SEVERITY

VicSPIN sentinel GP consultations for influenza-like illness (ILI) as at: 20/10/18

ILI rate per 1000 consultations	ILI rate per 1000 consultations	ILI presentations	ILI presentations	ILI presentations (YTD)	% Pos specimens Influenza	% Pos specimens Influenza
▲ WE 20/10/18	WE 13/10/18	WE 20/10/18	WE 13/10/18		WE 20/10/18	WE 13/10/18
1.4	3.0	8	18	399	38 %	45 %

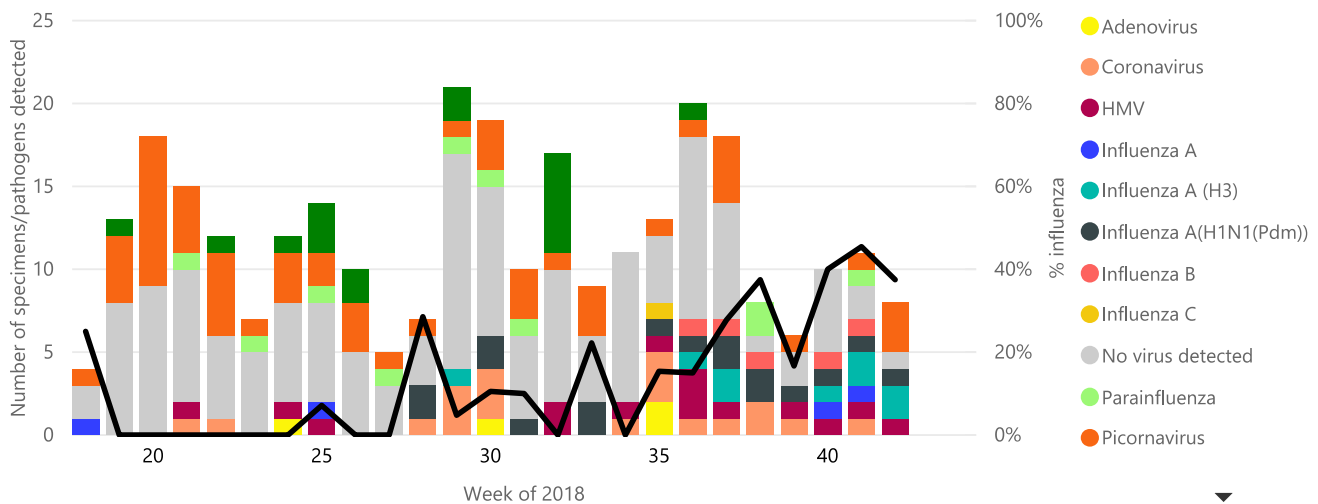
SPREAD/ SEVERITY

VicSPIN consultation rate for ILI (per 1000 patients) as at: 20/10/18



SIZE / SEVERITY / SPREAD

VicSPIN respiratory pathogens as at: 20/10/18

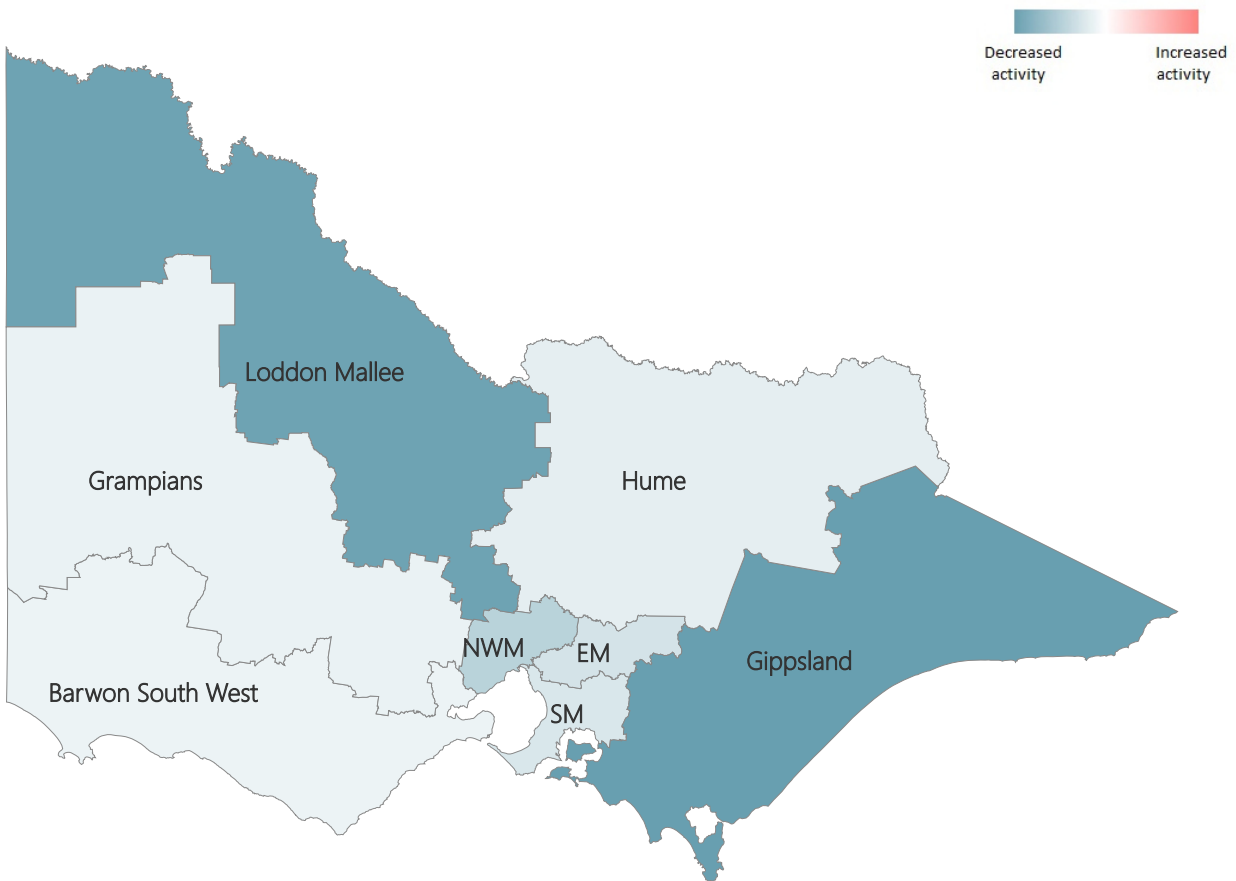


Influenza Snapshot by region

Report issued: 30/10/2018

Region	Week -1	Week -2	Trend week-2 to week-1	% change (week-2 to week-1)	2018 YTD	2017 YTD	5 yr avg YTD (2013-17)	Trend 5 yr avg to 2018 YTD	% change (5 yr avg to 2018 YTD)
BARWON SOUTH WEST	18	20	▼	-10%	438	2665	1057.2	▼	-59 %
EASTERN METROPOLITAN	68	88	▼	-23%	1449	9423	3403	▼	-57 %
GIPPSLAND	5	24	▼	-79%	330	2532	877	▼	-62 %
GRAMPIANS	8	9	▼	-11%	218	1285	444.8	▼	-51 %
HUME	25	29	▼	-14%	382	1864	738.8	▼	-48 %
LODDON MALLEE	7	29	▼	-76%	307	1648	582	▼	-47 %
NORTHERN AND WESTERN METROPOLITAN	114	180	▼	-37%	2775	13878	5414.8	▼	-49 %
SOUTHERN METROPOLITAN	100	125	▼	-20%	2254	13753	5420.4	▼	-58 %

% Week on week change (week 2-week1) by region



Data are subject to revision. Release dates vary by dataset.

Glossary of terms and data sources

<p>Notified cases of laboratory-confirmed influenza</p>	<p>It is a Victorian statutory requirement that laboratories and medical practitioners notify the Department of Health and Human Services (the department) of a case of laboratory-confirmed influenza within five days of confirmation. These data are stored in the department's notifiable diseases database, the Public Health Event Surveillance System (PHESS). During influenza season, data on notified cases are reported weekly (a week is defined as Sunday to Saturday). Whilst laboratory reporting is increasing due to the widespread availability of influenza testing, notifications from medical practitioners are declining.</p>
<p>Respiratory outbreaks notified to the Health Protection Branch</p>	<p>A subset of the notifications dataset, respiratory outbreaks in residential aged care facilities are reported on a weekly basis. This report will focus primarily on Respiratory Outbreaks due to Laboratory-confirmed Influenza however a total of all Respiratory Outbreaks reported will also be provided (i.e. Respiratory Outbreaks due to other pathogens). Hospitalisations will also be reported.</p>
<p>VicSPIN</p>	<p>The Victorian Sentinel Practice Influenza Network (VicSPIN) is a sentinel general practitioner (GP) surveillance program funded by the department, and coordinated by the Epidemiology Unit of the Victorian Infectious Diseases Reference Laboratory (VIDRL) based at the Peter Doherty Institute for Infection and Immunity. VIDRL is one of the department's two public health reference laboratories. Approximately 90 GPs submit weekly reports from May to October detailing the proportion of their consultations that were for patients with influenza-like illness and the proportion that were swabbed for virological testing. VicSPIN defines influenza-like illness as: cough plus fever plus malaise and/or fatigue.</p>
<p>FluCAN</p>	<p>The Influenza Complications Alert Network (FluCAN) is a rapid alert system for severe respiratory illness. The sentinel surveillance system is a national system (across 21 major hospitals throughout Australia) providing both clinical and laboratory information for reported cases. The following four Victorian hospitals are participating: The Alfred Hospital, Royal Melbourne Hospital, Monash Medical Centre, and University Hospital Geelong. The rate of admissions with confirmed influenza is calculated per 100 hospital beds at respective FluCAN sites.</p>